| • | The state of the s |
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| SENDER: COMPLETE THIS SECTION DOCUME | TOOMPLETE THIS SECTION ON DELIVERY Page 1 |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X. Such P. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. An K. C. C. D. D. D. D. D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: | D. Is delivery address different from item 1? U☐ Yes¹ If YES, enter delivery address below: ☐ No |
| Richard Bohannon #374-617 Chillicothe Corr, Inst. | |
| POBOX SSOO Chillicothe OH 45601 | Service Type |
| 7 - 1, | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Article Number (Transfer from service label) | 0860 0000 1409 2085 |
| PS Form 3811, August 2001 Domestic Reti | urn Receipt 102595-02-M-0835 |

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